

Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

October 14, 2008 Meeting

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the October 14, 2008 meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
1	<u>Patanase™ Nasal Spray</u> Place this product as non preferred in the PDL category titled Antihistamines, Intranasal	Passed 8 for 0 against
2	<u>Luvox™ CR</u> Place this product non preferred in the PDL category titled Antidepressants: SSRIs	Passed 8 for 0 against
3	<u>Pristiq™</u> Place this product non preferred in the PDL category titled Antidepressants: SNRIs	Passed 8 for 0 against
4	<u>Renvela™</u> Place the product non preferred in the PDL category titled Electrolyte Depletes.	Passed 8 for 0 against
5	<u>Lamisil® Granules</u> Place this product non preferred in the PDL category titled Antifungals: Oral	Passed 8 for 0 against
6	<u>Bystolic™</u> Place this product non preferred in the PDL category titled Beta Blockers.	Passed 8 for 0 against
7	<u>Pylera™</u> Place this product non preferred in the PDL category titled Combination Products for H. pylori.	Passed 8 for 0 against

	Description of Recommendation	P & T Vote
8	<p><u>Cimzia®</u></p> <ul style="list-style-type: none"> Place this product non preferred in the PDL category titled Immunomodulators with clinical criteria as stated below. Cimzia® will be approved if all of the following criteria are met: <ul style="list-style-type: none"> Diagnosis of Crohn's Disease Failure of conventional therapy with at least one agent in at least 2 of the following classes (not all inclusive): <ul style="list-style-type: none"> 5-ASA agents –examples: Mesalamine (Pentasa, Asacol, Rowasa) Corticosteroids –examples: Cortenema, Prednisone Immunosuppressives– examples: Azathiaprine (Imuran), 6-Mercaptopurine (Purinethol) Failure of Humira therapy No active or chronic infection 	<p>Passed</p> <p>8 for 0 against</p>
9	<p><u>Seroquel® XR</u></p> <p>Place this product preferred in the PDL category titled Antipsychotics: Atypicals with the same criteria as the rest of the atypical class.</p>	<p>Passed</p> <p>8 for 0 against</p>
10	<p><u>Voltaren® Gel</u></p> <ul style="list-style-type: none"> Place this product non preferred in the PDL category titled Non-Steroidal Anti-inflammatory Drugs with clinical criteria for approval without trial and failure with oral NSAIDs if there is an inability to swallow/tolerate PO medications. Voltaren® gel will be approved if one of the follow criteria are met: <ul style="list-style-type: none"> Inability to swallow/tolerate PO medications. Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs 	<p>Passed</p> <p>8 for 0 against</p>
11	<p><u>Iquix®</u></p> <p>Place this product non preferred in the PDL category titled Ophthalmic Antibiotics, Quinolone; however, PA would be bypassed if diagnosis of corneal ulcers.</p>	<p>Passed</p> <p>8 for 0 against</p>
12	<p><u>CNL8™ Nail Kit</u></p> <p>Place this product non preferred in the PDL category titled Dermatologics: Antifungal Agents.</p>	<p>Passed</p> <p>7 for 1 abstention 0 against</p>
13	<p><u>Calphron®</u></p> <p>Place this product non preferred in the PDL category titled Electrolyte Depletes.</p>	<p>Passed</p> <p>8 for 0 against</p>
14	<p><u>Xyzal® Oral Solution</u></p> <p>Place this product non preferred in the PDL category titled Antihistamines, Non-Sedating.</p>	<p>Passed</p> <p>8 for 0 against</p>

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15	<u>Taclonex[®] Scalp Solution</u> Allow this product to pay unrestricted as antipsoriatics are not listed on the KY PDL.	Passed 8 for 0 against
16	<u>Asmanex[®] 110 mcg</u> Place this product preferred in the PDL category titled Corticosteroids, Inhaled.	Passed 8 for 0 against
17	<u>Nexium[®] Packets</u> Place this product non preferred in the PDL category titled Proton Pump Inhibitors.	Passed 8 for 0 against
18	<u>Glumetza[®]</u> Place this product non preferred in the PDL category titled Diabetes: Biguanides.	Passed 8 for 0 against
19	<u>Amitiza[™]</u> <ul style="list-style-type: none"> • Leave this product preferred in the PDL category titled Laxatives and Cathartics with the following criteria via an ICD-9 override. • Amitiza[™] will be approved if both of the following criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of IBS-C ○ Diagnosis of Chronic Idiopathic Constipation 	Passed 8 for 0 against
20	<u>Kuvan[™]</u> Allow this product to pay unrestricted as PKU agents are no listed on the KY PDL.	Passed 8 for 0 against
21	<u>Requip[®] XL</u> Place this product non preferred in the PDL category titled Non-ergot Dopamine Receptor Agonists.	Passed 8 for 0 against
22	<u>Relistor[®]</u> <ul style="list-style-type: none"> • Allow this product to pay at POS after clinical criteria have been met via the prior authorization process. • Relistor[®] will be approved if all of the follow criteria are met: <ul style="list-style-type: none"> ○ Diagnosis of opioid-induced constipation, ○ Patients has advanced illness, which is defined as a terminal disease (incurable cancer or other end-stage disease) ○ Trial and failure (unless contraindicated or intolerant to) of on agent in each of the following drug classes: <ul style="list-style-type: none"> ▪ Stool softening agent (Example: docusate) AND <ul style="list-style-type: none"> ▪ Peristalsis-inducing agent (Examples: bisacodyl, casanthranol, senna) 	Passed 8 for 0 against
23	<u>Breze[™] Pads Kit</u> Place this product non preferred in the PDL category titled Dermatologics: Antibiotic Agents for Acne.	Passed 8 for 0 against

	Description of Recommendation	P & T Vote
24	Pulmonary Hypertension Agents (Tabled)	Tabled
25	Ophthalmic Macrolides <ol style="list-style-type: none"> 1. Break the Ophthalmic Macrolides out into its own PDL category. 2. DMS to select preferred agent (s) based upon economic evaluation; however, at least one ophthalmic macrolide should be preferred. 3. If azithromycin 1% solution is selected as a non preferred product, allow for its use via an ICD-9 override for chalazia and blepharitis. 4. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 5. For any new chemical entity in the Ophthalmic Macrolide class, require a PA until reviewed by the P&T Advisory Committee. 	Passed 8 for 0 against
26	Low Potency Statins <ol style="list-style-type: none"> 1. DMS to select preferred agent (s) based upon economic evaluation; however, at least fluvastatin, lovastatin and pravastatin must be preferred. 2. Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. 3. For any new chemical entity in the statin class, require a PA and appropriate quantity limit until reviewed by the P&T Advisory Committee. 	Passed 8 for 0 against
27	Flector™ Clinical Criteria Flector™ will be approved if one of the follow criteria is met: <ul style="list-style-type: none"> • Inability to swallow/tolerate PO medications. • Trial and failure (unless contraindicated or intolerant to) of two oral NSAIDs 	Passed 8 for 0 against